

**PROJECT WORKSHEET****PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 30 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the forms. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of the forms. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0151). **NOTE:** Do not send your completed form to this address.

DECLARATION NO. FEMA- _____ -DR- _____	PROJECT NO.	FIPS NO.	DATE	CATEGORY
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DAMAGED FACILITY	WORK COMPLETE AS OF: _____ : _____ %
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APPLICANT	COUNTY
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LOCATION	LATITUDE	LONGITUDE
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DAMAGE DESCRIPTION AND DIMENSIONS
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SCOPE OF WORK
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Does the Scope of Work change the pre-disaster conditions at the site? ☐ Yes ☐ No  
Special Considerations issues included? ☐ Yes ☐ No Hazard Mitigation proposal included? ☐ Yes ☐ No  
Is there insurance coverage on this facility? ☐ Yes ☐ No

**PROJECT COST**

ITEM	CODE	NARRATIVE	QUANTITY/UNIT	UNIT PRICE	COST
			/		
			/		
			/		
			/		
			/		
			/		
			/		
			/		
			/		
			/		

	<b>TOTAL COST</b>	<b>\$0.00</b>
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PREPARED BY:	TITLE:
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